

TEXAS BOARD OF LICENSURE FOR PROFESSIONAL MEDICAL PHYSICISTS

1100 West 49th Street Austin, Texas 78756-3183 512/834-6655

med physicist@tdh.state.tx.us (email)

Dear Sir/Madam:

To determine if you are eligible to take the state examination given by the Texas Board of Licensure for Professional Medical Physicists in each specialty area for which you hold a temporary license, refer to the eligibility requirements in the rules at $\ni 601.8$.

The examination will be given in November and April. Applications must be received by October 15th for the November examination and by March 15th for the April examination. The examination will be administered at Texas Department of Health, The Exchange Building, 8407 Wall Street, Austin, Texas.

After the Board receives the complete examination application, the credentials committee will review it. If the committee approves the application as eligible to take the examination, an exam approval form will be sent to you along with information about submitting the examination fee (\$1200.00 for the first specialty area examination and \$600.00 for each additional specialty area examination) for you to be scheduled for the Texas Medical Physicist Licensing Examination.

To make application for the examination submit the following:

 1)	examination application;
 2)	professional experience form(s) to document 2 years of full-time experience in the examination specialty area. (If taking more than one specialty area examination document 6 additional months of full-time equivalent work experience in each specialty area);
 3)	specialty affidavit, if applicable.

Upon successful completion of the specialty examination(s), you will need to apply for an upgrade for the annual license. The application will be provided with your examination results. For your information, to upgrade your current temporary license to an annual license the following will have to be submitted:

- 1) a completed upgrade application, including three (3) professional references; and
- 2) the \$75.00 upgrade fee.

Should you have questions, please call Jeanette Hilsabeck at 512/834-6655.

TEXAS BOARD OF LICENSURE FOR PROFESSIONAL MEDICAL PHYSICISTS 1100 WEST 49TH STREET AUSTIN, TEXAS 78756-3183 512/834-6655 COMPLAINTS 1-800-942-5540



EXAMINATION APPLICATION

To apply for the state Medical Physicists examination complete and return this application to the Board, to the address above by October 15th, for the November examination and by March 15th, for the April examination.

After the Board receives the complete examination application and appropriate documentation the Credentials Committee will review it for examination eligibility.

Temporary License #	Issue Date	Expiration Date
Indicate Specialty Area(s) fo	r examination:	
A Diagnostic	c Radiological Physics	C Medical Nuclear Physics
B Therapeuti	c Radiological Physics	D Medical Health Physics
PERSONAL INFORMATION	(TYPE OR PRINT LEGIBLY)	7)
1. Last Name		
First Name	Mid	ddle Name
2. Mailing Address		
City	State	Zip
Telephone Number (Incl	ude Area Code)	·····
3. Birthdate	Month Day	Year
4. Social Security Number (f	or information purposes only)	
		a minor traffic violation? YES NO omplete explanation on a separate sheet, and send a copy of your disposition
Health? YES NO Have you ever held a med	If "YES" indicate type(s) a lical physics license or any other	ther than a medical physicist license, issued by the Texas Department and expiration date(s) mer license from another U.S. state, territory or District of Columbia? ration date(s)

$PROFESSIONAL\ PRACTICE\ INFORMATION\ (IF\ NECESSARY, LIST\ ADDITIONAL\ POSITIONS\ ON\ A\ SEPARATE\ PAGE).\ SEND\ FORM\ F\ FOR\ EACH\ POSITION.$

(A) Primary Professional Affiliation:			
(B) Address:			
(C) City:	State:	Zip:	
(D) Telephone Number (Include Area Coo	le)		
(E) Position Title:	Normal Working	Hours:	
(F) Date of Affiliation: (Mo/Yr)			
AFFIDAVIT			
that the materials or documents submitted will abide by the rules and regulations relat Code, Chapter 601, et sequel; that he/she board office within thirty (30) days of AN	rein contained are true in ever I to support this application are ting to the licensure of Professi understands that FEES submit IY CHANGE of name, mailing cable, to the board upon the re	20	ds this affidavit; she has read and a Administrative grees to notify the turn any license icense.
My Commission Expires	Typed/Printed Na	ame of Notary	

SEND COMPLETED APPLICATION TO:

Texas Board of Licensure for Professional Medical Physicists 1100 West 49th Street Austin, Texas 78756-3183

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SPECIALTY AFFIDAVIT

MAILING ADDRESS			
CITY	_ STATE	ZIP	
I have applied to become a licensed pr	ofessional medical physicis	with the specialty(ies) in	the areas indicated below:
Diagnostic Radiological Physic Medical Nuclear Physics (MN)			Radiological Physics (TRP) ealth Physics (MHP)
I have at least two years of full-time wadditional 6 months of work experience			e date of application and an
SPECIALTY AREA	DATES OF	EXPERIENCE AND PER	CENTAGE OF TIME
			(2 years)
			(6 months)
			(6 months)
			(6 months)
If above dates overlap, the applicant is hours per week which was devoted to are concurrent, please be specific. Ple This information is provided to the Bo SIGN THIS AFFIDAVIT WHILE IN T	each specialty area of mediase type or print legibly. pard to supplement my appl	cal physics. Where the d	ates of experience overlap or
		ART PUBLIC.	
To the best of my knowledge this info			
I understand that providing false inform granted a license to practice medical p		in the denial of my appli	cation, and my failure to be
Signature of Applicant	•	Date	<u> </u>
Sworn to and subscribed before me th	is day of		20
in			
Personalized Seal			
	Signature of Notary	Public	
My commission expires	Typed/Printed Name	of Notary TXMP FOR	 M D 06/97

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PROFESSIONAL EXPERIENCE

(duplicate as needed)

Part I to be completed by applicant:				
NAME				
MAILING ADDRESS				
CITY	STATE	ZIP		
I have applied to become a licensed profes Diagnostic Radiological Physics (I Medical Nuclear Physics (MNP)		physicist with the specialty(ies) in the area(s) indicated below: Therapeutic Radiological Physics (TRP) Medical Health Physics (MHP)		
1. Professional Work Affiliation:				
2. Address:				
3. City	State	Zip		
4. Telephone No.:(include area code)		Ext.		
5. Position/Title	Norn	mal Working Hours:		
6. Dates of Medical Physic experience: (mm/dd/yy)			
7. Brief Job Description/Specialty Area:				
Part II to be completed by agency or indi	vidual verifying	o professional experience		
Please verify the information on the above practiced, dates of experience, position/	e referenced per itle and provide period, and ret	erson. Indicate the medical physics specialty area in which he/she de a brief job description acknowledging that the applicant turn to Jeanette Hilsabeck, Executive Secretary, Texas Board of		
	Title			
mm/dd/yy		of applicant		
Brief job description/Specialty area				
Authorized Signature and Title		Date		

TXMP FORM F 06/97